

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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19						
20						
21						
22	1					
23						
24						
25						
26	1					
27		1				
28						
29						
30	1					
31						
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33						
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40						
41						
42						
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	1					
50	1					
TOTAL IND.	7		↓	↓	↓	↓
TOTAL DEP.	25	←	←	←	←	←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						